

300.15**Disruptive Participants****Overview**

Introduction There are no secret techniques that are guaranteed to work to deal effectively with disruptive participants. Ideally you will want to avoid confrontations. Your agency should develop clinic policies that address ways to avoid confrontation and deal with disruptive participants. This policy provides guidelines for developing clinic policies.

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Avoiding Confrontation

Introduction	Following are suggested policies to help avoid confrontation in the clinic.
Establish basic rules and inform participants	Because participants often become disruptive when they believe they have been treated unfairly or differently from others, it is important for your agency to establish rules on common issues, such as missed appointments, missed check pick up, and late appointments, and communicate these rules to participants. Post the rules for participants to read, and explain the consequences of breaking the rules.
Apply rules consistently	Break the rules only when you know they don't apply to the situation, not because you feel sorry for the participant. Most importantly, be consistent. If you find you are breaking the rules frequently, they are not working and should be rewritten.
Have the clinic belong to the people it serves	Participants will defend "their clinic and staff" much more readily than if they see you as "outsiders." Work hard to have your clinic and the WIC Program belong to the people it serves. Refer to the WIC clinic as "your clinic." Help the participants take pride in "their" clinic. Where applicable, get your participants' input into clinic operations, either through a survey, suggestion box or participation on an advisory board. Let your WIC participants know who their representative is on the advisory board and encourage them to express their concerns to this person.

Dealing with Disruptive Participants

Introduction	<p>If you find yourself in a situation where you must deal with a verbally abusive, physically threatening, belligerent, drunken, demanding or psychotic person, the following guidelines will help you through the situation.</p>
Have a formal system to communicate emergencies	<p>Set up a signal to communicate emergencies within your clinic so other staff can help if needed. This can be a whistle, buzzer or an oral code. Tell staff when to use the signal, how to use it, what it means, and how to respond to it.</p>
Primary goal is to maintain calm	<p>You need to remain calm to keep the situation calm. Your primary goals are to:</p> <ul style="list-style-type: none"> • Calm the person down enough to complete the clinic visit, or • Persuade the person to leave the clinic without harming someone or causing a major uproar. <p>All the comments you make should be aimed at calming the person down.</p>
Ignore verbal abuse	<p>People who are angry say and do things they normally would not say or do. Ignore any verbal abuse or threats as you work toward your goal. Your major effort should be to calm the person down; don't expect them to be nice to you. Do not take their comments personally.</p> <p><u>Note:</u> If violation points or suspension is warranted, see Policy 225.80 for more information.</p>
Validate the person's feelings	<p>Always attempt to understand the person. Reflect their feelings by re-stating them.</p> <p><u>Examples</u></p> <ul style="list-style-type: none"> • "I understand you are upset because we cannot fit you into our appointment schedule today..." • "I realize you have been waiting a long time..."
Actions to avoid	<p>In order to keep control of a confrontational situation:</p> <ul style="list-style-type: none"> • Do not return the verbal abuse, lose your temper or get into an argument, • Do not become involved if you are not directly dealing with the participant, or • Do not take the participant into a closed room by yourself. This can increase the danger to you. You do not know what the participant will do to you.

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Dealing with Disruptive Participants, Continued

Inform the person of your feelings

If the disruptive person has not calmed down:

- Tell them that you do not appreciate their attitude, voice, etc.
- Explain their choices and the results.

Example

“You can calm down and we can finish, or you can leave and come back when you are calm. If you choose not to do either of these two things, I will call the police.”

Call the police if these suggestions do not work

Call the police only if you feel you or someone else in the clinic could be physically harmed. Often, picking up the telephone receiver will defuse the situation. If not, call the police and remain calm. State your name, occupation, where you are and phone number. Say, “We have a hostile person here and we need your assistance.” If you do not have a phone nearby, have someone else call the police.

File an incident report

Following each incident, file an Incident Report according to your agency’s policies (see page 5 for a sample report). The report should be completed only by the people who had direct contact with the participant. Place the report in the participant’s chart.

Hold staff meetings after difficult encounters

Hold a staff meeting soon (preferably the same day) after an encounter with a disruptive participant. Discuss feelings about the situation, how the situation developed, how each person responded, and what other ways of coping with the participant may have been more effective. Avoid being judgmental or “blaming the victim.” If staff need more training on how to deal with disruptive participants, work on ways to provide the training.
